

PSJ19 Walmart Opp Exh 11 – PKY180512514

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BRANCHPAY					
PROGRAM ID	HONORARIA				
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OTHER EXPENSES					
PROGRAM ID					
AIRFARE	A				
HOTEL	A				
GROUND TRANSPORT.	1000				
MEALS	A				
MATERIAL PREP.	A				
ADMINISTRATIVE FEES	A				
AV./ROOM CHARGES	A				
MISCELLANEOUS	A				
TOTAL OTHER EXP. \$	A				
PURDUE LECTURE PROGRAM GROUP					
PAY TO THE ORDER OF <i>Jennifer Shucklund, PhD</i> (PAYEE NAME)					
(ADDRESS)					
(CITY)					
(STATE)					
ZIP CODE: <i>55062-1511</i> \$ <i>1100</i>					
NOT GOOD FOR MORE THAN \$3,000.00 NOT EXCHANGABLE FOR CASH BY SHAWED AUTHORIZED REPRESENTATIVE					
NON NEGOTIABLE					
LECTURE PROGRAM COORDINATOR SIGNATURE <i>[Signature]</i>					
SIGNATURE OF ASST/ADM DIR, LECTURE PROG. GROUP <i>[Signature]</i>					
By signing this instrument, each of the foregoing confirms that this instrument has been issued in accordance with the authority issued by Geac Information Network, Inc. If any statement herein be untrue, he, the abovesigned, agrees to pay the drawer upon demand the amount of this instrument and all expenses and damages arising from such untruth.					

LECTURE PROGRAM COPY

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PKY180512514

9/3/99 Program ID:103417 Talk ID:103756

**PURDUE PHARMA L.P.
SPEAKER CONFIRMATION AND FOLLOW-UP FORM**

Organization: **Treasure Coast Pharmacy Association**
 Talk Date: **November 14, 1999**
 Talk Time: **6:30 pm**
 Talk Title: **Use of Opioids in Chronic Cancer and Non-Cancer Pain Management: The Myths and Realities**
 Talk Location: **Fairfield Suites , 2000 NW Courtyard Circle , Banquet Room , Port St. Lucie , FL**

LECTURE CONFIRMATION INFORMATION:

Jennifer Strickland, PharmD.
 430 Boger Blvd. South
 Lakeland, FL 33803

When booking travel
 refer to the code below:

LP

*Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be
 within only the framework of approved labeling and approved recommended indications and uses for the product.*

PROGRAM ASSESSMENT BY SPEAKER: (Form to be completed by speaker post lecture and returned in enclosed envelope):

Talk Title (if different than above):

Audience Size: 60 Audience Knowledge of Topic: fair How helpful was Purdue Rep? Very
 In a few words, please give us your overall impression of the program: The group was a mixed retail/hospital/long-term care pharmacy group. I a fair base knowledge - They were extremely interested + attentive + had a lot of excellent questions related to their actual practice.

FINANCIAL SUPPORT INFORMATION: PLEASE ATTACH RECEIPTS

Type (as directed by provider): Direct To Speaker Travel Agency Arrangements: Not applicable in funding

If required -- Only arrangements made through Wagonlit Travel will be covered.
 (phone: 800-745-3210)

Hotel covered for ✓ Night(s)Honorarium: \$900.00

(1099)

Mileage (\$0.25/mile)

360 miles = 90.00Total Expenses: \$ 90.00

(Bypass 1099)

Tolls/Parking

Hotel

Meals

Other

Grand Total: \$ 990.00SS# / Tax ID #: **REDACTED**Check payable to: Jennifer Strickland, PharmD.
 430 Boger Blvd. South
 Lakeland, FL 33803If different than
 above please specify:

Name: _____ SS# / Tax ID #: _____

Address: _____

 _____Signed (Speaker): Jenny StricklandDate: 11/29/99

If you have any questions, please call Kymberly Kittridge at Purdue Pharma L. P. (203) 854-7193.

(For Purdue Office Use Only)
 Requested by: Kymberly Kittridge
 General Ledger No.:

Date to accounting dept: _____
 Med Ed Use _____
 PP/209 () OXY

Approved by: E. Jones
 (revised 12/21/1998 Version 1.9)
 PF/0101 () UNI

Description: November 14, 1999, Vero Beach , FL (Treasure Coast Pharmacy Association)

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PKY180512515

**MEDICAL EDUCATION
SPEAKERS BUREAU COVER SHEET**

TRACKING
NUMBER:

**REQUESTING
SALES REP:**

TALK
DATE/TIME:

SPEAKER:

103417

Allen Brzozowski

111419

13830

**DATE OF CONFIRMATION
WITH INSTITUTION:**

8/31/99

Notes:

LM 8|25|99

**DATE OF CONFIRMATION
WITH SPEAKER:**

8|23|99

Notes.

**DATE OF CONFIRMATION
WITH REPRESENTATIVE:**

Notes:

SPEAKERS BUREAU (✓)

MANAGED CARE ()

DIRECT? OR ED GRANT?

TAX ID #:

HONORARIUMS: S

FOOD COSTS: \$

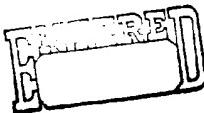
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PKY180512516

PURDUE

Purdue



100 Connecticut Avenue

Norwalk, CT 06850-3590

(203) 853-0123

Fax: MedEd (203) 851-5213
Lecture Programs (203) 851-5252

Purdue Speaker Request Form

Rep Region #: 01050000

Rep Territory #: 01050726

Rep Name: Allen Brzozowski, Jr.

Lecture City/State: Port St. Lucie, FL

Date submitted to District Manager: 7/27/99

Date submitted to Home Office: _____

of days lead-time (from date submitted to Home Office to lecture date): _____

Is this Meeting:

A single presentation?

 Y

Part of a half day or full day meeting?

A Seminar or Symposium?

Purdue has the opportunity to exhibit: Yes Y No

Meeting Description/Name (eg: Grand Rounds, Tumor Board, Pivotal Dinner)

Treasure Coast Pharmacy Association Pivotal Dinner

Date of Lecture Program/Seminar/Meeting:

First choice: 11/14/99

Alternate dates: _____

Start and Finish Time: 6:30pm to 7:30pm

Name of person responsible for meeting: Lee Fallon

Job Title: President, Treasure Coast Pharmacist Association

Department: Pharmacy

Organization: Walmart, Pharmacy Manager

Street: 5555 20th Street

City: Vero Beach State: FL Zip: 32966

Telephone: 561-778-1202 Fax: 941-778-222(4)

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PKY180512517

Speaker Request Form, pg 2

E-Mail: _____

Requested Topics: (if multiple speakers, please state which topic relates to which speaker)

Use of Opioids in Chronic Cancer and Non-Cancer Pain Management: The Myths and Realities

Meeting Location: (please include room and address)

Organization: Fairfield Suites

Address: 2000 NW Courtyard Circle

Banquet Room

City: Port St. Lucie State: FL Zip: 34986

Estimated Total Attendance: 100

Costs/Fees involved: _____

MDs: _____

Food: \$ 750.00

Nurses: _____

Administrative fees: \$ _____

Residents: _____

AV Rental: \$ _____

Pharmacists: 100

Miscellaneous (please specify): _____

PAs: _____

Others (please specify): _____

This request is for a single speaker / multiple speakers

If multiple speakers are requested, how many? _____

Requested Speaker(s) and distance from lecture location: (Please provide a minimum of 2 choices in order of preference)

Speaker choices:

1) Jennifer Strickland, Pharm.D.

Distance (in miles) and travel time from lecture site:

1) 150 miles; 3 hours (by car)

2) _____

2) _____

3) _____

3) _____

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Speaker Request Form, pg 3

Are any of the speakers new to the Speakers Bureau? Yes No

If yes to above, a Speaker Recommendation Form and current curriculum vitae must be submitted to the home office with sufficient time to allow for approval and recruitment.

Have there been, or will there be programs submitted that are associated with this event?

Yes No If yes, please outline the events below.

NOTE: Grouped programs must be submitted within a period of *5 business days*.

Please check the following:

The speaker has has not tentatively agreed to this lecture engagement.

Other Comments:

This program represents a huge opportunity for Purdue since 100 pharmacists from the Treasure Coast area of Florida will be in attendance. Pharmacists from retail and hospital pharmacies (including Hospital Pharmacy Directors and retail pharmacy managers) in the Treasure Coast area (which includes the area from Sebastian to Jupiter, FL) are members of the association. This lecture will not only be key in educating pharmacists on the role of opioids in pain management, and why Oxycontin (and Palladone XL) are the best choices of opioid analgesics, but also improving the potential of Palladone XL being placed on area hospital formularies.

District Manager Name: _____

Approval date: _____

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